

A0018370084

STATE FILE NUMBER

20220077229

## CERTIFICATE OF DEATH

DECEASED NAME

**CARMEN L CONSTANTINOPE**

DATE OF BIRTH

**07/19/1959**

SEX

**MALE**

DATE OF DEATH

**12/20/2022**

PLACE OF DEATH

**STAFFORD TOWNSHIP**

COUNTY OF DEATH

**OCEAN**

RESIDENCE ADDRESS

**23 POMONA DRIVE**

SOCIAL SECURITY NUMBER

**[REDACTED]**

MUNICIPALITY OF RESIDENCE

**BARNEGAT TOWNSHIP**

COUNTY OF RESIDENCE

**OCEAN**

DOMESTIC STATUS

**MARRIED**

SURVIVING SPOUSE/PARTNER

(Name given at birth or on birth certificate)

**DONNA M CATRAMBONE**MANNER OF DEATH: **NATURAL**

CAUSE OF DEATH:

**ASPIRATION PNEUMONIA  
LUNG MASS**DATE ISSUED: **DECEMBER 22, 2022**DATE FILED WITH REGISTRAR: **12/21/2022**

AMENDED DATE:

ISSUED BY:

**New Jersey Department of Health, Office of Vital Statistics and Registry**

This is to certify that the above is correctly  
copied from a record on file in my office.

Certified copy not valid unless the raised  
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REG-42A  
NOV 22

*Tiffany Drennon*  
Tiffany Drennon  
Acting State Registrar  
Office of Vital Statistics and Registry



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**REDACTED**